

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form U3C

June 2015

Form must be Typed  
Form must be completed  
on a per well basis**ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY**

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Lease Name: \_\_\_\_\_

Well Number: \_\_\_\_\_

API No.: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

(January 1 to December 31)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  E  W  
(a/a/a/a)\_\_\_\_\_ feet from  N /  S Line of Section\_\_\_\_\_ feet from  E /  W Line of Section

County: \_\_\_\_\_

**I. Injection Fluid:**Type (Pick one):  Fresh Water  Treated Brine  Untreated Brine  Water/BrineSource:  Produced Water  Other (Attach list)

Quality: Total Dissolved Solids: \_\_\_\_\_ mg/l Specific Gravity: \_\_\_\_\_ Additives: \_\_\_\_\_

(Attach water analysis, if available)

**II. Well Data:**

Maximum Authorized Injection Pressure: \_\_\_\_\_ psi Injection Zone: \_\_\_\_\_

Maximum Authorized Injection Rate: \_\_\_\_\_ barrels per day

Total Number of Enhanced Recovery Injection Wells Covered by this Permit: \_\_\_\_\_ (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

Submitted Electronically

## Summary of Changes

Lease Name and Number: KRUEGER UNIT 404W

Doc ID: 1452474

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/26/2019	03/04/2019
Location Info Button	<a href="https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=3">https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=3</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=3&amp;to">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=3&amp;to</a>
Maximum Fluid Pressure, April	550	15
Maximum Fluid Pressure, August	470	15
Maximum Fluid Pressure, December	605	15
Maximum Fluid Pressure, February	550	15
Maximum Fluid Pressure, January	542	15
Maximum Fluid Pressure, June	550	15
Maximum Fluid Pressure, March	550	15
Maximum Fluid Pressure, May	550	15
Maximum Fluid Pressure, November	510	15
Maximum Fluid Pressure, October	600	10

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	590	10
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449025	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452474
Total BBL Injected	189186	119056
Total BBL Injected in April	21086	13799
Total BBL Injected in August	4592	4452
Total BBL Injected in December	15433	8887
Total BBL Injected in February	19236	14747
Total BBL Injected in January	21402	16098
Total BBL Injected in June	12396	8978
Total BBL Injected in March	21611	14252
Total BBL Injected in May	21157	12174
Total BBL Injected in November	15264	8885
Total BBL Injected in October	18907	7848

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in September	18102	8936